

Alexandria, VA 22313-1450

PATENT APPLICATION E 77/E

MARK OFFICE

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:)	
	:	Examiner: M. Dastouri
KITAHIRO KANEDA		
	:	Group Art Unit: 2623
Application No.: 09/212,434		
Filed: December 16, 1998		
	:	
For: COMMUNICATION SYSTEM AND)	January 27, 2004
CONTROL METHOD THEREOF,	:	
AND COMPUTER-READABLE)	RECEIVED
MEMORY	:	
		FEB 0 4 2004
Commissioner for Patents		Tachaolagy Capter 2600
P.O. Box 1450		Technology Center 2600

AMENDMENT

Sir:

In response to the Office Action dated July 31, 2003, the period for response to which having been extended to Monday, February 2, 2004, by the accompanying Petition For Extension Of Time, please amend the above-identified application, as follows:

In re Application of:

KITAHIRO KANEDA

Application No.: 09/212,434

Filed: December 16, 1998

For: COMMUNICATION SYSTEM AND CONTROL

METHOD THEREOF, AND COMPUTER-

READABLE MEMORY

Docket No.

00862.002569

Examiner: M. Dastouri

Group Art Unit: 2623

Date: January 27, 2004

The Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

RECEIVED

FEB 0 4 2004

Technology Center 2600

Sir:

Transmitted herewith is an Amendment in the above-identified application.

| X | No additional fee is required.

The fee has been calculated as shown below

		С	LAIMS AS AMEN	NDED		
	(2) CLAIMS REMAINING AFTER AMENDMENT	·	(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	* 75	MINUS	** 75	= 0	x \$9 \$18	\$ 0
INDEP. CLAIMS	* 17	MINUS	*** 17	= 0	x \$43 \$86	\$ 0
Fee for Multiple Dependent claims \$145°/\$290						
			TOTAL ADDITI			\$ 0

If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5. If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

	Verified Statement claiming small entity status is enclosed, if not filed previously.
	A check in the amount of \$ is enclosed.
	Charge \$ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed
X	Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06 1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate copy of this paper is enclosed.
X	A check in the amount of \$950.00 to cover the fee for a three month extension is enclosed.
	A check in the amount of \$ to cover the Information Disclosure Statement fee is enclosed.
X	Applicant's undersigned attorney may be reached in our Costa Mesa, California office by telephone at (714) 540-8700. All correspondence should continue to be directed to our address given below.
	Respectfully submitted,
	Attorney for Applicant
	Registration No. 50,957

FITZPATRICK, CELLA, HARPER & SCINTO 30 Rockefeller Plaza New York, New York 10112-3800 Facsimile: (212) 218-2200

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